

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE COLLECTION SERVICE BOARD
DAVY CROCKETT TOWER, 2nd FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243
TELEPHONE: (615) 741-1741 FAX: (615) 253-1179
www.state.tn.us/commerce/boards/collect

RENEWAL NOTIFICATION FOR
335 10 03501

If the address on the form is not correct please
make the appropriate changes:

HOME MAILING ADDRESS

Scan line

LICENSE STATUS:
ID NUMBER:
EXPIRATION DATE:

Address _____

PHONE NUMBER: _____
FAX NUMBER: _____
EMAIL ADDRESS: _____

MANAGER RENEWAL FEE: \$ 50.00

TOTAL AMOUNT DUE: \$ 50.00

AMOUNT PAID: _____

Instructions: All licenses issued shall expire one year from date of issuance. Failure to pay the renewal fee on time will result in additional penalties being assessed. Failure to complete all requirements, pay renewal fee, and penalty fee within sixty (60) days after the expiry date will result in making reapplication. See additional instructions on reverse side of this form.

RETURN THE ENTIRE FORM ALONG WITH PROPER PAYMENT IN THE PRE-ADDRESSED ENVELOPE PROVIDED.

MAKE CHECK PAYABLE TO
THE DEPARTMENT OF
COMMERCE AND INSURANCE

RETURN TO:
STATE OF TENNESSEE
COMMERCE AND INSURANCE
BOX 198990
NASHVILLE, TN 37219-8990

DO NOT WRITE BELOW THIS LINE AND DO NOT DUPLICATE THIS FORM

Scan line

INSTRUCTIONS:

A penalty fee of \$100.00 will be assessed for a period of sixty days (60) following the expiration date .

IMPORTANT INFORMATION

Subsection (d) of TCA 62-20-108 states a location manager licensed pursuant to this section shall be revoked if, within two year (2) period prior to the date of such revocation, the licensee:

- (A) Did not act as a location manager;
- (B) Did not work on a full-time basis in a licensed collection services; or
- (C) Was not employed by an attorney-at-law in a position directly related to collection of debts and/or the solicitation of accounts receivable; or if the licensee fails to renew the location manager as provided for in TCA 62-20-112.

The following information must be provided before the license will be renewed:

1. Are you presently employed as a licensed collection manager? Yes _____ No _____

If yes, provide the following information:

Business Phone

Name of Agency

Street Address

Mailing Address

City State Zip Code

2. Are you presently employed on a full time basis with a collection service? Yes _____ No _____

Years of service with present agency _____.

AFFIDAVIT

I _____ APPLICANT,
MAKE OATH THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Applicant's Signature

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ of _____.

Notary public _____

My commission expires _____